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COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: Sanctuary Management Consultants, LLC (Name of Limited Liability Company)		
Dear Sir or Madam:		
The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.		
Please return all correspondence concerning this matter to the following:		
Maureen J. Ruthman, Esq. (Name of Person)		
Korte, Parker & Ruthman, P.L. (Firm/Company)		
399 W. Palmetto Park Road, Suite 202 (Address)		
Boca Raton, Florida 33432 (City/State and Zip Code)		
For further information concerning this matter, please call:		
Maureen J. Ruthman, Esq. at (561) 450-5772 (Name of Person) (Area Code & Daytime Telephone Number)		
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building Clother Circle Tallahassee, Florida 32301 MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314		
Enclosed is a check for the following amount:		
\$25 Filing Fee \$\text{Certified Copy}\$		

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 608.416 or 608.508, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the limited liability company is: Sanctuary Management Consultants, LLC

2. The mailing address of the limited liability com	ipany is: 751 Sanctuary Drive, Boca Raton,
Florida, 33431	
January 25, 2005	L05000008011
3. Date of filing/registration in Florida	4. Document number
5. The name of the registered agent and the register Florida Department of State:	red office address as shown on the records of the
Mark A. Pachman	
	Name PE 60
1645 Palm Beach L	akes Blvd., Suite 1200 与常 写 n
	ddress FF 5 F
West Palm Beach, I	Florida 33401
City, S	tate and Zip Fig. 3
6. The name and address of the new registered age	Name Lakes Blvd., Suite 1200 ddress Florida 33401 tate and Zip ent and/or office:
Maureen J. Ruthma	
	ame
399 W. Palmetto Pa	rk Road
Florida street address (P.O. Box NOT acceptable)
Boca Raton	FL 33432
City, Sta	ite and Zip
and the business office of the registered agent will liability company, it is hereby confirmed that the c	de, the Florida street address of the registered office be identical. Or, in the case of a Florida limited change(s) was/were authorized by an affirmative vote r as otherwise provided in the articles of organization company.
Maureen Ruthman, Esq.	
(Printed or typed name of signee)	
I hereby accept the appointment as registered age comply with the provisions of all statutes relative to and I am familiar with and accept the obligations Chapter 608, F.S. Or, if this document is being fil address, I hereby confirm that the limited liability	ent and agree to act in this capacity. I further agree to to the proper and complete performance of my duties, of my position as registered agent as provided for in ed to merely reflect a change in the registered office company has been notified in writing of this change.

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 FILING FEE: \$25.00

(Signature of Registered Age